

Food Distribution Program

Hoopa Valley Tribal Council

P.O. Box 498 • Hoopa, California 95546
(530) 625-4646 • Fax (530) 625-4717

Case# _____

Location: _____

LIVING/INCOME STATUS REPORT

I _____ have zero or fluctuating income for the current and following months, _____.

Briefly explain how the following is provided for you? And how long you expect your income to remain the same.

Housing, utilities, medical, transportation, insurance and other items of necessity for living.

During the months that you are certified to receive commodities you will need to report income changes within 10 days.

SOCIAL SECURITY# _____

D.O. B. _____

AGE: _____ TRIBAL ROLL# _____

Applicants signature

Date

Food Distribution Program
Certifier's signature

Date